

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37590**  
Registrar's No. **10075**

FILED NOV 1 1957

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>D.O.A.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). —a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>D.O.A.</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Children's Hospital</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Revis Darwin</b> b. (Middle) <b>Hohman</b> c. (Last) <b>(Mecham)</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-26-57</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>8-17-43</b>		9. AGE (In years last birthday) <b>14</b> Months <b>2</b> Days <b>9</b>		10. IF UNDER 1 YEAR IF UNDER 2 HRS.	
11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>Charles Hohman</b>	
14. MOTHER'S MAIDEN NAME <b>Mary Stokes</b>		15. NAME OF HUSBAND OR WIFE <b>None</b>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
17. SOCIAL SECURITY NO. <b>None</b>		18. INFORMANT'S SIGNATURE OR NAME <b>June Mansfield</b>		19. ADDRESS <b>500 S. Kingshighway</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE, MASSIVE RIGHT TEMPORO-PARIETAL AREA</b>					
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HEMOPHILIA</b>					
DUE TO (c) <b>O.K. Joseph M. Thurston Deputy Clerk</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>295x</b>		20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10 AM</b> , 19 <b>57</b> , to <b>10 PM</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>10-26-57</b> , and that death occurred at <b>10 PM</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>D.L. Thurston</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Children's Hospital</b>		23c. DATE SIGNED <b>10-26-1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-29-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lightner Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Illmo, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLAUGHLIN'S</b>		25. ADDRESS <b>2301 Lafayette</b>	
DATE REC'D BY LOCAL REG. <b>OCT 28 57</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. G. Farris*.....

Licensed Embalmer No. *338*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.